SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075736

1. Corporation Name
HARLEY DAVIDSON OF NAPLES, INC.

Principal Place of Business: 5707 SHIRLEY ST
Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5707 SHIRLEY ST
Suite, Apt. #, etc.
22
City & State
23 NAPLES FLORIDA
Zip
24 34109
Country
25 COLLIER

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28 Same
Zip
29 Same
Country
30 Same

3. Date Incorporated or Qualified
10-3-97

4. FEI Number
65-0782880
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
J. SCOTT FISCHER - PRESIDENT/OWNER
1870 CLAYTON CT.
FT MYERS, FL 33907

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: - PRESIDENT 9/21/98
(Corporate Officer Signature Required if Applicable) (Registered Agent Signature Required if Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	J. SCOTT FISCHER	
STREET ADDRESS	1870 CLAYTON CT	
CITY, ST, ZIP	FT MYERS FL 33907	
TITLE	VICE-PRES & SECRETARY	☐ DELETE
NAME	MARY FISCHER	
STREET ADDRESS	1870 CLAYTON CT	
CITY, ST, ZIP	FT MYERS FL 33907	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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-10/07/98--01060--035
***558.75

10/6

14. I hereby certify that the officers and directors listed above do not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that all officers and directors listed on this report or any supplemental report have consented to their designation and acceptance and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with any changes or additions.

SIGNATURE: J. Scott Fischer 9/21/98 941-275-4647

CR2E034 (5/98)